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UNCLAS SECTION 01 OF 02 RANGOON 000625

SIPDIS

STATE FOR PRM AND EAP

E.O. 12958: N/A

TAGS: PREF EAID BM

SUBJECT: ROHINGYA PROJECT PROPOSAL

REF: STATE 85587

¶1. Summary: Embassy Rangoon would like to apply for a \$20,000 grant from PRM's Ambassador's Fund for an assessment of communicable diseases among returning refugees in Burma's northern Rakhine State. If done immediately, the assessment can provide the basis for a comprehensive health program in northern Rakhine State funded by the European Commission Humanitarian Aid Organization and/or the Federal Republic of Germany. End Summary.

¶2. Embassy Rangoon would like to apply for a \$20,000 grant from PRM's Ambassador's Fund for an initial assessment of communicable diseases in northern Rakhine State. Northern Rakhine State is one of the least developed regions in Burma and has twice been the source for major refugee crises (in 1978 and 1991), as Rohingya Muslim residents of the area fled increasing Burmese Army control and religious discrimination. Most refugees (220,000 out of 240,000) have since returned to Burma, but conditions in northern Rakhine State make recurrence of a refugee crisis as likely as ever. Health conditions are particularly bad. Recent surveys indicate that 55 percent of the population of northern Rakhine State live under survival or critical conditions. Access to essential health services is limited to urban settings, and the entire region is plagued by acute and chronic illnesses, associated with high mortality. Infant mortality (death within the first year of life) is reported to be an astounding 141/1000 births. Malaria, tuberculosis, and intestinal diseases are also rampant, aggravated by a high degree of malnutrition. Tuberculosis is a particular problem. According to one survey, 9 percent of all households in Northern Rakhine State have had at least one person ill with tuberculosis, and 67 percent of all persons surveyed recognized the disease as a major health concern.

¶3. Donor support for the population in the region, meanwhile, is limited and may decline further, if action is not taken now. UNHCR, which has orchestrated relief operations in northern Rakhine State since 1994, is phasing out. It is scheduled to end repatriation of refugees from Bangladesh at the end of 2003 and has hinted that it may close its operations in Burma altogether at the close of ¶2004.

¶3. Our proposed project will help fill a gap in basic services for this threatened population. It will do an assessment of the current situation in Northern Rakhine State in regard to communicable diseases and provide an initial package of basic support, pending development of an integrated health services project. The implementing agency would be Malteser, a German INGO with extensive experience in completing health projects and assessments in third world nations. In Burma, Malteser is already engaged in a \$1.2 million malaria control project in the Wa territories of northern Shan State, with funding from the European Commission Humanitarian Aid Office (ECHO).

¶4. We believe this is an excellent project. If executed as outlined, it will lay the basis for a comprehensive health program among one of the most vulnerable populations in Burma. It will also help protect that population from the neglect and abuse that might follow UNHCR's exit. In addition, it will facilitate a handoff of operations in Northern Rakhine State from UNHCR to agencies and INGOs with a longer development focus.

¶5. There are risks in the project. The GOB has approved Malteser's survey in northern Rakhine State, but Malteser will need to negotiate an MOU with the Ministry of Health, before it can undertake programs that go beyond the survey. In addition, funding for the follow-on comprehensive health program is not totally in place. While Malteser has received solid indications of support from both ECHO and the FRG, final commitments will only be made once the survey is completed and the need has been fully documented. Finally, this project will be most effective, if it is done immediately, before the close of June 2003. If the survey is delayed beyond that, it may not be possible to begin delivery of basic health services during the current rainy season. This is not necessarily a fatal problem, but it does put a premium on early approval of the project.

¶7. On balance, we believe the proposal merits funding. It's

cheap; it promises to be effective, and it may catalyze donor funding for a population we care about for both humanitarian and human rights reasons. It will also be executed by an excellent INGO with proven record of success. Finally, as U.S. law requires, Maltheser's involvement will ensure that none of the funds pass to or through the government here.

18. We have faxed a copy of the full proposal to PRM and will be happy to follow up on any questions PRM may have.
McMullen